

DELINEATION OF PRIVILEGES - OCCUPATIONAL THERAPY For use of this form, see AR 40-68; the proponent agency is OTSG				1. MEDICAL TREATMENT FACILITY	
2. NAME		3. RANK		4. DUTY SSI	
5. Under-Graduate	a. DEGREE	b. INSTITUTION			c. DATE
6. Graduate					
7. STATE LICENSURE		8. CERTIFIED AOTA NO.		9. EXPIRATION DATE	
10. POST-GRADUATE SPECIALTY TRAINING				11. PRIVILEGING PERIOD	
				a. FROM	b. TO

Category I - General Practice. Routine therapy prevention, maintenance, and restoration programs for all categories of patients - pediatrics, adolescents, adults. Evaluates, develops treatment plans and implements treatment in regard to occupational performance (e.g., work, leisure, and self-care proficiencies) and performance components which include motor, cognitive, social and psychological function in accordance with the professional standards established by the American Occupational Therapy Assoc. Treatment includes individual and group activities add education.

SPECIAL PROCEDURES	APPLICANT'S REQUEST		SUPERVISOR'S RECOMMENDATION			CREDENTIAL COMMITTEE'S RECOMMENDATION			
	FULL PRIV.	COND. PRIV.	FULL PRIV.	TEMP. PRIV.	COND. PRIV.	FULL PRIV.	TEMP. PRIV.	COND. PRIV.	NOT APPD.
12. Prosthetic checkout and training (<i>upper extremity</i>).									
13. Neurodevelopmental treatment for adults.									
14. Percent Body Fat Determination.									
15. Neurodevelopmental treatment of children.									
16. Refer to specialty clinics.									
17. Southern California sensory interpretation testing, administration and interpretation.									

18. REMARKS

a. SIGNATURE	b. DATE
19. APPLICANT	
20. IMMEDIATE SUPERVISOR	
21. CREDENTIALS COMMITTEE REPRESENTATIVE	

Category II - Neuromusculoskeletal Evaluations. Evaluation and treatment of neuromusculoskeletal complaints of the upper extremity under AR 40-48 (*Non-Physician Health Care Providers*). General privileges include: Collection of historical data regarding nature of current complaint; conducting evaluation of upper extremity; requesting routine laboratory studies; authenticating temporary profiles either assigning or removing duty limitations (*not to exceed 30 days*). Requesting routine referrals to appropriate specialty clinics; prescribing non-legend medication (*betadine, korles, ace bandages*); and providing treatment in clinic, TMC or peripheral unit.

SPECIAL PROCEDURES	APPLICANT'S REQUEST		SUPERVISORS'S RECOMMENDATION			CREDENTIAL COMMITTEE'S RECOMMENDATION			
	FULL PRIV.	COND. PRIV.	FULL PRIV.	TEMP. PRIV.	COND. PRIV.	FULL PRIV.	TEMP. PRIV.	COND. PRIV.	NOT APPD.
22. Order and read hand, wrist, forearm, arm and glenohumeral joint X-rays.									
23. Cast/splinting of fractures, contusions, strains and sprains.									
24. Suture removal.									
25. Wound care, dressing and changing.									
26. Assist with closed reduction of routine fractures and dislocations of the hand and wrist.									
27. Request EMG, NCV, and MCV studies of major nerves of the upper extremity.									
28. Write prescriptions for analgesic and non-steroidal/ASA compound anti-inflammatory medication. (<i>TAB-approved list attached.</i>)									
29. Other (Specify)									

30. REMARKS